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PTO/SB/83 (11-96)
Approved for use through 6/30/99. OMB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/025,226
Filing Date	12/18/2001
First Named Inventor	Ahmed Raslan
Group Art Unit	
Examiner Name	
Attorney Docket Number	



To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

I am resigning from my position with Slater & Cole, LLP

☒ The correspondence address is NOT affected by this withdrawal.

☐ Change the correspondence address and direct all future correspondence to:

☐ Customer Number → Place Customer Number Bar Code Label here

☐ Firm or Individual Name
Address
Address
City State ZIP
Country
Telephone Fax

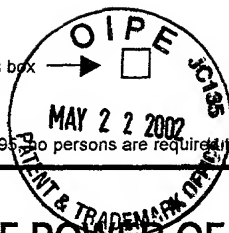
This request is enclosed in triplicate.

Name	James Edward Pittman Reg. No. 47,860
Signature	<i>James E. Pittman</i>
Date	May 10, 2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/025,226
Filing Date	12/18/2001
First Named Inventor	Ahmed Raslan
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Ahmed Raslan
Signature	
Date	5/22/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.